

No 1  
A Dissertation<sup>by James</sup>

Pap 2 M. 3<sup>o</sup> 1828

on

Amensorhica

By

Frederick William Harrison

of

Virginia

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"Propter solum eternum mulier  
est id quod est." New Helmont.

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Philadelphia - Nov. 27. Hancock

1828.

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As a clear conception of the nature of any of the animal functions is of primary importance in directing us in the efficient application of our remediate measures, to correct the arrangements to which it may be obnoxious, I deem it essential to preface the present essay, with a few desultory observations on the history and character of the menstrual discharge.

No subject connected with medicine has been tortured more by idle theory, and vain hypothesis; none about which the early cultivators of our science displayed more profound ignorance. Plunged into a Dædalan labyrinth without a clue, they marched on in a course which, to borrow a beautiful simile from a favourite writer "resembled the devious gropings of Homer's Cyclops around his cave" with scarcely a





single ray of scientific light to guide them  
along the tract of sound true philosophy.  
Hence their ignorance in pathology and phys-  
iology. The dominion of superstition, the want  
of scientific research in almost every age, pre-  
vented these investigations into the anatomical  
structure of the human body, upon which  
alone can be established correct principles  
in medicine. After the lapse of a period of  
about 1300 years of Egyptian darkness, during  
which time, science in general suffered al-  
most a total eclipse, many important dis-  
coveries were made, many errors corrected  
both in the physical and moral world.  
Medicine hitherto encumbered with the  
grossest absurdities, enjoying a precarious  
existence, at length assumed a local hab-  
itation and a name. Its march of improve-  
ment has been rapid, its sphere greatly

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enlarged, and phenomena connected with  
this department of natural science, inexp-  
licable, because of the glimmering light  
shed upon its early existence, admit now of  
satisfactory solution upon rational principles.

From the days of Hippocrates  
down to a period of modern date, menstruation  
has been a subject of investigation and  
inquiry. The theories advanced and supported  
with zeal and pertinacity by many of the ac-  
ciples of the great Father are looked upon  
by modern writers as "voces inane, et protinus  
nihil" the nature of the evacuation is at  
length fully well established among the  
Physiologists of the present day.

It is agreed by them generally  
that this discharge is peculiar to the human  
female, if there be any exceptions they are  
rare and ill ascertained. During the period



of salacity, it must be admitted that some of the inferior animals, as for example, the bitch forcibly kept from the males have a discharge from the vagina of a sanguineous fluid resembling in some respects the menstrual evacuation of the human female. This fact has been adduced as establishing an exception. The discharge in this particular case, as in all others of a similar nature, is produced by an excessive engorgement in the uterine vessels, and not by any peculiar natural action of the uterus.

The originality of the function in the human species has been questioned by very high authority, it being regarded as the effect of the social condition of man. The advocates of this doctrine, among whom may be ranked Pömpel and Emmet as the champions of its defence, assert that



a plethoric condition of system being induced by excessive indulgence to obviate its noxious tendency in the female, this peculiar discharge took place originally from the uterus. We are not unaware that insurmountable objections, as we conceive, might be urged against this theory, if it were to overcome the name.

1<sup>st</sup> It would appear according to this hypothesis, that if blood be abstracted a short time previous to the flow of the menses, they would not appear, which is known from daily observation not to be a fact.

2<sup>d</sup> Why should the discharge observe periodical returns.

3<sup>d</sup> Persons of debilitated states of system, would not be obnoxious to the discharge, which is equally erroneous with the first.

As far as observation extends, it has

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been remarked, that women of all ~~climates~~ and in every age from the remotest period down to the present time, have been subject to this peculiar uterine evacuation. Moses expressly states it to have occurred among the women of his time. Women of the most rude and simple modes of living, have been on that account no less subject to it. If the reports of Long and many other respectable travellers are to be credited, the Aborigines of America, than whom no people could have been freer from a puerile condition of system, in consequence of the gratification of appetite to an inordinate degree, were subject to the menstrual discharge.

The quantity of the menstuous blood has been a subject of much dispute among writers. The most absurd notions have been entertained with regard to it and



especially by the Ancients. An opinion prob-  
ably derived from the Jewish Legislature  
was adopted by the Arabian physicians,  
and credited in other countries, that the prop-  
erties of the menstuous blood were pre-  
sently malignant. "Thus too, the enlightened  
Rings declares the approach of a menstruating  
woman will turn new wine sowers, render  
fruit trees sterile, or even destroy them; burn  
the seeds and fruit of a garden, if she  
should sit near them". Hallerius, Bailloud &  
Rammoxini, on the contrary assert, that in  
its natural state the discharge is perfectly  
innocuous. That the discharge sometimes  
becomes acrimonious from accidental cir-  
cumstances can not be denied. Morbid disor-  
der in the secretory function of the uterus  
for we believe its production depends upon  
a genuine secretory action of that organ



which we shall subsequently attempt to prove, may  
operate such a change in the character of the  
discharge, as to render it capable even of ex-  
crinating the external parts. The qualities of the  
fluid when healthy are however as we before  
remarked, perfectly innocent.

We may here rationally inquire what  
is ~~meant~~ understood by the term Menstruation.  
It has been defined though not without objec-  
tions, yet perhaps sufficiently accurate for  
all practical purposes. "a periodical discharge  
of coloured fluid resembling blood, happening  
every lunar month, commencing at puberty  
and continuing until about the forty fifth  
or fiftieth year, unless interrupted by preg-  
nancy, suckling, or disease."

Medical writers have been much  
divided in their sentiments, with regard  
to the part, from which the discharge

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proceeded some supposing it came from the  
the uterus, some again from the vagina,  
there were others, who believed that both  
the uterus and vagina furnished it. The sub-  
ject is now put to rest by the observations  
of Meszayagi and Dr. William Hunter, who  
discovered it proceeding from the mouth of  
the uterus in a case of procidentia uteri.

Now has the opinion of writers been  
concurrent as regards the vessels that furnish  
this fluid. Some supposed that it flowed  
from the capillary extremities of the arteries -  
Vesalines from the veins. Whilst Simpson  
with some others, thought that there were  
an appropriate set of vessels assigned by nature  
to furnish the discharge. The evacuation  
appears to be yielded by the uterine arteries  
but it is not an extravasation or hemorrhage  
for when collected, it does not separate into





the same parts with blood; and on chemical analysis, presents different results; neither does it coagulate. It differs from blood in other respects viz. odour and colour. Menstruation has been attributed to lunar influences, fermentation in the blood, removal of appetite, plethora local congestion, and finally to the existence of a secretory action in the uterus.

The celebrated Mr Hunter was the first to notice this fact, publically, at least in Great Britain. In his lectures on the theory and practice of Surgery, he observes, "that the blood discharged in menstruation, is neither similar to blood taken from the vein of the same person, nor to that extravasated by an accident in any other part of the body; but is a species of blood changed, separated, or thrown off from the common mass by an action of the vessels of the uterus, in



a group similar to secretion: by which action the blood having lost its living principle does not coagulate. I am much inclined to this theory as all others are totally irreconcilable with facts. To the support of the same view all of the Modern Physiologists lend their aid.

Without entering into a formal disquisition in defence of the doctrine, I will here take the liberty to introduce from Prof. Chopman's valuable treatise upon Therapeutics, a summary of the arguments by which it is established:

1. The uterus in its villous and vascular structure resembles a gland, and also, in its diseases, being equally liable to schirrus, cancer &c.

2. Like other secretory organs, blood is very copiously diffused through it.

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3. By the arrangements of its vessels, it is ~~evi-~~  
evidently designed that the circulation  
should be retarded for the purpose of  
secretion. The arteries are not only excurving  
by convolutions, but they are larger, and with  
thinner coats than the corresponding veins.  
The blood says Haller is brought to the  
womb in greater quantity, and more quickly,  
through its large and ample arteries,  
and on account of the rigidity and narrow-  
ness of the veins, it returns with difficulty.

4. In common with the other secretions,  
menstruation is commonly at first imper-  
fectly performed, and is subject afterwards  
to variation, and derangement. In the begin-  
ning the discharge is generally colourless, thin  
and deficient, recurring at protracted inter-  
vals, being analogous in some of these  
respects to the seminal secretion. Lastly



the Menstrua are a fluid seu generis, or at  
 least varying essentially from blood, having  
 as we before remarked neither its colour, nor  
 colour, nor coagulability. These facts seem to  
 be conclusive, and as regards the mode of its  
 production, leave not a hook to hang, or doubt  
 upon. As to the office of the discharge, Physiologists  
 of modern times have united in one universal  
 opinion, which confessedly is correct, that it  
 prepares the uterine system for conception;  
 for women seldom if ever bear children, before  
 they have menstruated, and few or none ever  
 become pregnant, after the cessation of this  
 discharge. Before the nature of this process  
 had been pointed out by the ingenious Hunter  
 it was a moot point among Medical phi-  
 losophers, whether the fluid, that should be  
 discharged at each returning period of the  
 Menstrua, contributed to the formation and

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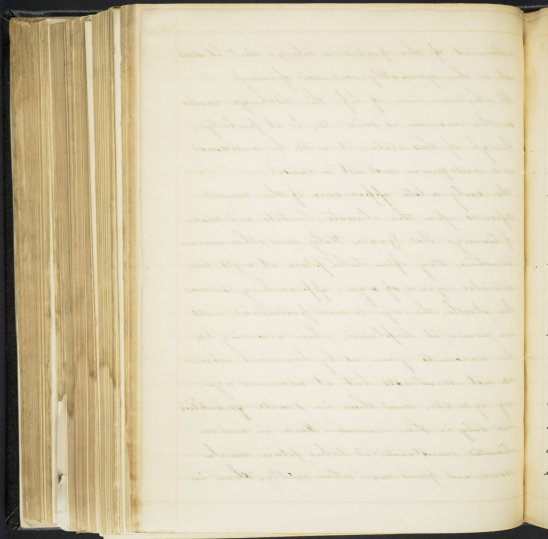


subjection of the partes in utero; that it does not is the generally received opinion.

At whatever time of life the discharge comes on, the woman is said to be at puberty; though of this state, it is to be considered as a consequence and not a cause.

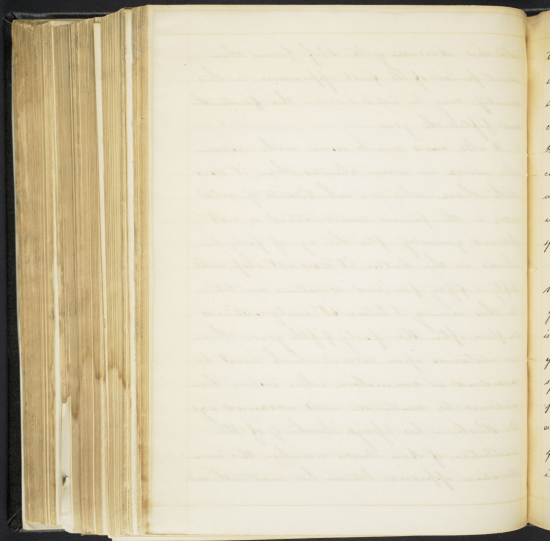
The early or late appearance of the menses depends upon the climate, habits, and mode of living. In Greece, Italy and other warm countries, they often take place at eight, ten or twelve years of age; approaching towards the North, the age is more protracted, until we arrive at Lapland, where according to the accounts given us by Linnaeus, women do not menstruate but at advanced age,

say 17 or 20, and then in small quantities and only in the summer. Here in warm climates menstruation takes place much sooner, and flows more abundantly, than in



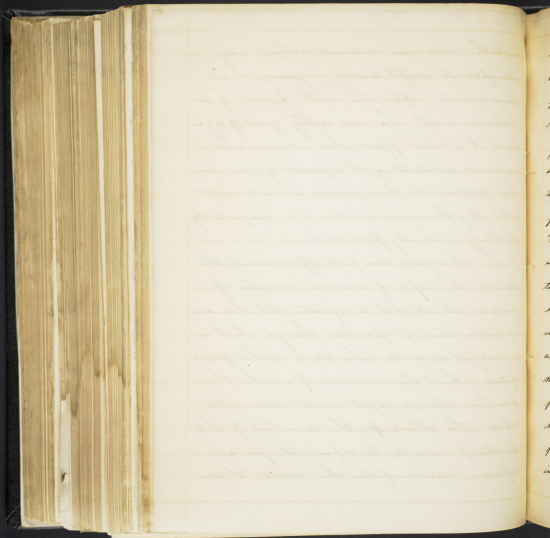
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cold ones. According to Prof. James the usual period of its first appearance, in this country may be noted between the fourteenth and fifteenth year.

It also ceases much sooner with women who reside in warm climates, than it does with those who are inhabitants of cold ones; in the former menstruation is not observed generally after the age of forty five, whereas in the latter it does not stop until fifty, or fifty five, and sometimes even later. In this country, I believe it rarely continues to flow after the forty fifth year. There are instances upon record, which must be considered as anomalous, where women have continued to menstruate until advanced age. Dr Rush, in his Essay, speaking of the constitution of Anna Wood's remarks the menstruation appeared between her nineteenth and



twentieth years, and continued without any interruptions, except during pregnancy, and eleven months after the birth of each of her children, until she was eighty years of age. Hence it would appear that women, who commence menstruating at a period of life somewhat advanced *ceteris paribus*, are not exempt until they have arrived at an age, comparatively speaking, unusually protracted.

As regards the first appearance of the menses, the lapse of a certain number of years is not all that is requisite; but there are is a certain series of associated changes, which is generally observed to take place in the female system, without the occurrence of which, this peculiar uterine effort is not called into action. The uterus, for the execution of this function, seems to be dependant upon an influence derived from the ovaries, these



bodies being deficient or diseased the discharge does not take place. Hence for the healthy production of the menses, the ovaries must be well developed, and if I may so speak, in good health. The mammae are usually enlarged accompanied with a protusion of hair upon the pube. The body assumes the most perfect symmetry of which it is susceptible. The complexion is improved. The countenance is more animated and interesting - even the tone of the voice becomes altered, and more harmonious, accompanied in most instances with a refined delicacy and pathos, that carry a silent recommendation to the heart. The melody of expression might not be usefully compared to "the flakes of feathered snow, that melts as they fall." The mind too is expanded, the individual no longer delighting in those childish amusements of earlier days.

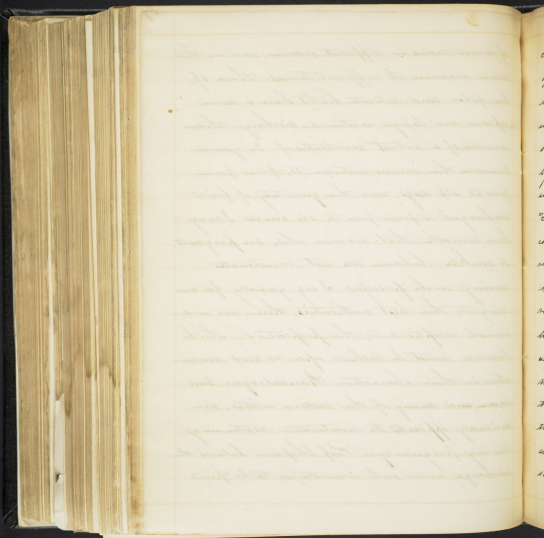
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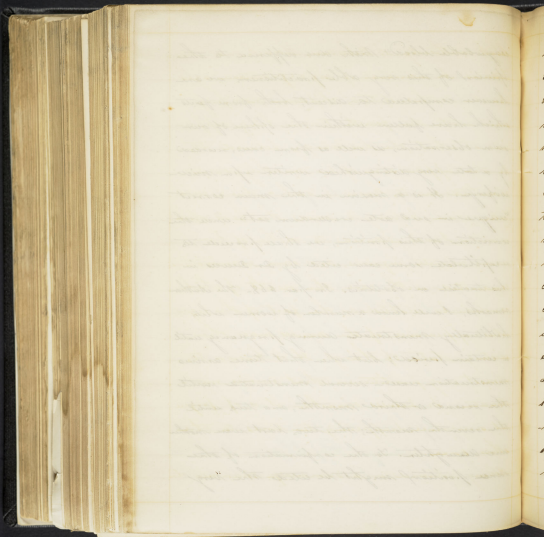
After these changes have taken place, the menses will almost invariably make their appearance, in some women without much previous indisposition, but with the most of them the discharge is accompanied with a sense of fullness in the lower region of the abdomen, pains in the back and inferior extremities, and some slight hysterical affections; all of which disappear as soon as the evacuation takes place. For the first two, or three times the discharge is irregular in two respects. 1. As to the quantity. 2. With regard to the period of its return; but at the future terms of eruption stated periods are observed, and nearly the same quantity is lost unless interrupted by some irregularity. For section the quantity discharged with exactness is impossible, as it depends upon the climate and constitution.



of course varies in different women, and in the same woman at different times. Those of lax fibre and delicate habit, have a more copious and longer continued discharge than women of a robust constitution. In general however the menses continue to flow from four to six days, and the quantity of fluid discharged is from four to six ounces. I may here remark that women who are pregnant or suckle children do not menstruate during such periods. I say generally, for according to the best authorities, there are occasional exceptions to the proposition, which however must be looked upon as cases anomalous in their character. Panderolphe, Desmoulin and many of the modern writers, are decidedly opposed to the menstruation continuing during pregnancy. Prof. Wharton believes the discharge under such circumstances to be "pure

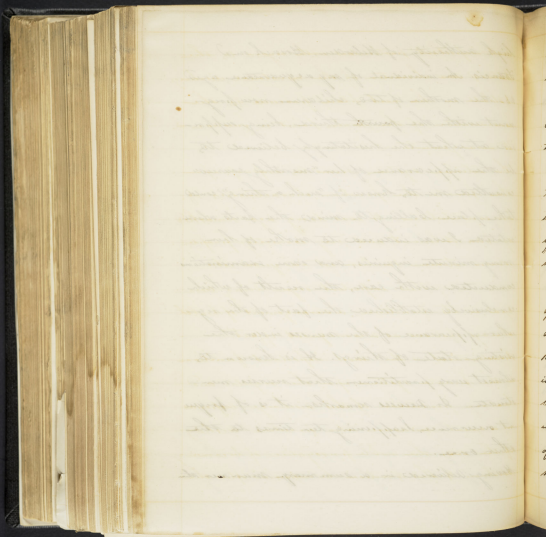


coagulable blood" with due reference to the opinion of this very able practitioner, we are however compelled to dissent, both from facts which have fallen within the sphere of our own observation, as well as from cases, recorded by a late very distinguished writer upon midwifery. It is a maxim in the main correct "enigme in sua arte coarctandum est" since the conviction of this position, we shall proceed to recapitulate some cases cited by Dr. Devergie in his treatise on obstetrics. In par 268. The Author remarks, I well know a number of women who habitually menstruate during pregnancy until a certain period; but when that time arrives menstruation ceases - several menstruated until the second or third month, and two until the seventh month; the two last even mother and brought forth. To the confirmation of the same position might be cited the very



high authority of Hibernia, Hovach and Francis. An individual of my acquaintance aged 26 - the mother of two children now pregnant with the fourth third, being surprised at what she hesitatingly believed to be the appearance of her "monthly courses" consulted me to know if "such a thing" could take place. Calling to mind the facts above related I was induced to make of her many minute inquiries, and some examinations conducted with care, the result of which conclusively established the fact of the regular appearance of the menses under the existing state of things. It is known to almost every practitioner that menses menstruate. To discuss remarks - it is of frequent occurrence, happening ten times to the other once.

Having delivered in a summary manner the





most important particulars with regard to the history and character of the menstrual discharge. I shall in the next place proceed to the consideration of the main point in question in its arrangements.

The uterine system seems to impress upon the female the peculiar characteristics of her constitution. It was long ago remarked by Van Helmont, and very correctly, *propter solam uterum mulier est id quod est*.

This important organ being deranged in its function, a derangement of health always follows as a consequent effect. Menstruation is the most important function in the female system, upon the regular and healthy prosecution of this discharge depends in a great measure the peculiar destiny of the sex; the noble prerogative of becoming mothers. If this function be impaired often the

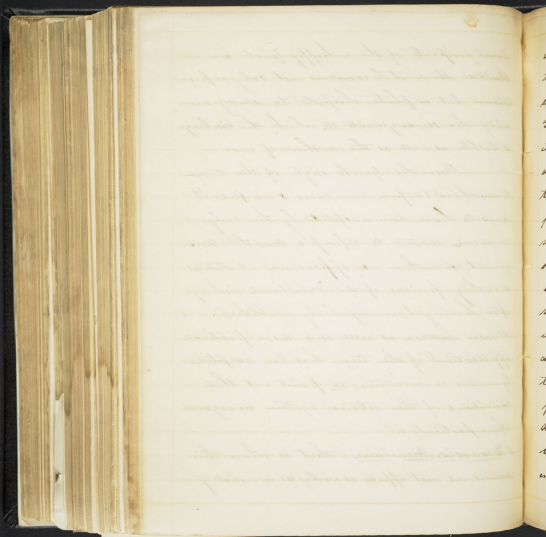


fairest prospects of the unhappy female are blasted. Hence it becomes us not only as practitioners but as philanthropists to study accurately the arrangements to which the discharge is liable as well as the method of cure.

From the Greek origin of the term Amenorrhoea (a. priv. Men. menses et no. flux.) it seems to have been adopted by the early medical writers to express a monthly arrangement, or rather non appearance at stated monthly periods, of the menstrual discharge after having been regularly established.

At more modern as well as a more practical application of the term has been adopted by writers on medicine to point out the conditions of the uterine system as regards these particulars.

1. Emensio Mensium - that is when the menses do not appear as early as is usually



expected. 2. Suppressed Menstruum - when after the menses appearing and continuing as usual for sometime they cease without pregnancy occurring.  
3. Amenorrhoea Difficilis - when the flux is too small in quantity, retarded in quality, attended with pain and other distressing symptoms. In entering upon the curative plan proper to be adopted, in the several circumstances to which this discharge is liable, I shall follow the order above laid down.

1. Of Retentio Mensium, or the retention of the menses. There is a time in female life at which the menses are expected to appear and if they fail, much anxiety is manifested on the part of the patient and her friends. We have too often to lament the destruction of the unfortunate individual being placed in the hands of some stupid empiric, who blindly prescribes for the case



without regard to symptoms. It should be borne in mind, that some women arrive at puberty earlier than others, and that there is a correspondent difference in time as regards the appearance of the menses. There is a condition of the genitals mentioned above accompanied with certain changes in the system, the indications of womanhood, which must develop itself before the menses will begin to flow; if these signs be absent the individual should not become the object of medical treatment. As a general rule, so long as the general health remains unimpaired medical aid is not requisite. The mere want of the discharge, may not produce any morbid affection for some time. The retention however continuing for several successive periods, morbid symptoms will make their appearance,





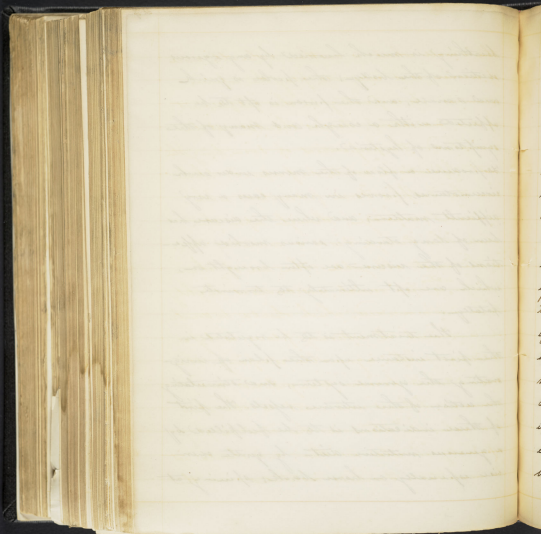
which are evidently connected with a defect of the menses, and go off upon its discharge. Heaviness, littleness to motion, fatigue on the least exercise, palpitation of the heart, pains in the back, loins and hips, flatulency and acridities in the stomach and bowels, costiveness, a preternatural appetite for chaff, lime and various other absorbents together with many dyspeptic and chlorotic symptoms usually attend on a preternatural protracted retention of the menses. As the disease advances the face becomes pale, the lips lose their crimson colour, the eyes are encircled with a livid areola; in a word the whole body has a leucophlegmatic appearance, with every indication of the want of power and energy in the constitution; the feet are often affected with oedematous swellings, the



breathing is much hurried by any vigorous exertion of the body; the pulse is quick and small, and the person is apt to be affected with a cough, and many of the symptoms of hysteria.

To produce a flow of the menses under such circumstances, proves in many cases a very difficult matter, and when the disease has been of long standing, serious morbid affections of the viscera are often brought on, which are apt ultimately to terminate fatally.

The treatment is to be regulated in the first instance upon the plan of invigorating the general system, and stimulating the action of the uterine vessels. The first of these indications is to be fulfilled by a generous nutritive diet - by gentle exercise especially on horse back; spinning, at



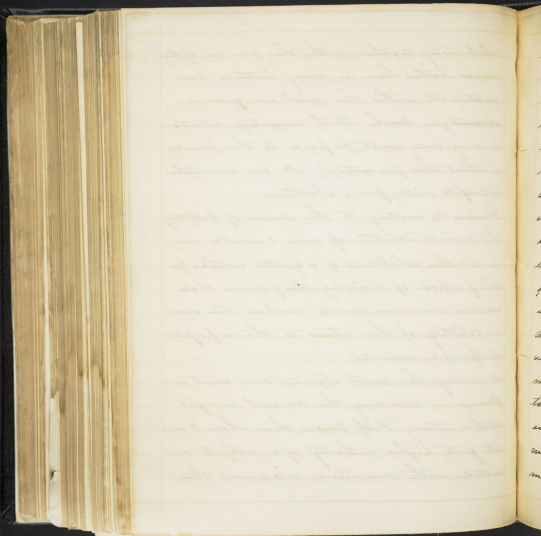
the small wheel, is another valuable mode of exercise, as it calls into play the inferior extremities. As co-operating in the fulfillment of this indication, tonics should not be overlooked. The preparations of Iron, being the most efficacious, are to be preferred. I have seen the Sulphur Fairs prescribed with decided advantage, though upon the whole the Perlique Ferri or mineral Tonic is the most eligible. The use of chalybeate <sup>water</sup> is for several considerations highly to be recommended, which should be drunk if convenient at watering places, as by associating with agreeable company, the mind will become tranquilized and amused. Flannel worn next to the skin is a valuable item in the curative plan especially in cold weather, and should not be neglected. Frictions instituted over the



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whole body, together with the free use of the warm bath, have in many instances been resorted to with the most unequivocal advantage. Much. That advantage attention in every case, must be paid to the bowels, as without this precaution all our semicathartic attempts will prove abortive.

Previous to resorting to the means of fulfilling the second intention of cure, I would recommend the exhibition of a gentle emetic, for the purpose of cleansing the primæ viæ. Emetics moreover seem to awaken the susceptibility of the uterus to the influence of specific remedies.

Aspecting the most efficient and direct influence in arousing the dormant energies of the uterus, Prof. Deuces, than whom I cannot quote higher authority upon subjects connected with misceifery, recommends the





the Vinc. Banth. with a degree of confidence which he reposes in no other article of the class of emmenagogues. He adds, it should be preferred to all other means when hemorrhoid attend; thirty drops should be given three times a day until this discharge stops. As auxiliary means, the exercises of walking, dancing so as not to become too much fatigued, should not be omitted. Stimulating the rectum by purgatives is a means likewise of the utmost importance. Those most in use among accoucheurs of the highest authority are the drastic resins, as aloes and scammony. They should be employed so as to keep up a regular and efficient urine evacuation. Dr. Hamilton, that very able and judicious practitioner in the management of female complaints, tells us that



he has found the purgative plan very successful in retention of the menses, but that it requires great affinity, and perseverance frequently, to accomplish the end desired. Should a plethoric condition of system attend the retention, purgatives are indispensable, and must not on any account be omitted. I pass over the lengthened catalogue of emmenagogues as of doubtful efficacy, with few partial exceptions. In many cases venery is the most efficient remedy - hence marriage is highly to be recommended. If in the course of the disease the patient should be troubled with acridities in the stomach absorbents must be resorted to. Chalk, Magnesia, lime water and milk are among the best correctors of acidity. These are the evasive means, upon which most reliance

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is to be placed in the management of this disease. Treat the case however as we may, we are often disappointed, and the unhappy victim is hurried to an untimely grave.

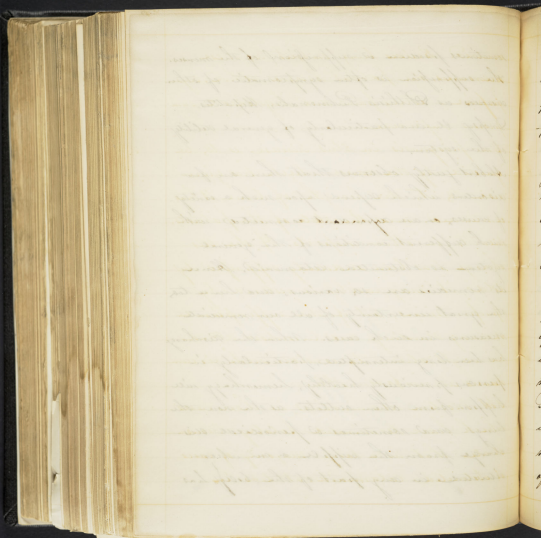
We have now arrived at the second division of our subject viz. 2 Suppression menstruæ - when the menstrual flux has been interrupted by other causes than those of pregnancy and smothering.

Notwithstanding the menses may have continued for any length of time, its flow in a regular and healthy manner, they are however subject to irregularities from the operation of various causes. The most common of these is cold applied in some form or another, thereby producing a constriction of the extremities of the uterine vessels. Anxiety of mind, fear excessive indulgence in merrym, the too free use of acids, evidently

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sometimes produce a suppression of the menses.  
The suppression is often symptomatic of other  
diseases as *Pneumonia*, *Hepatitis*,  
Dropsy &c. and particularly of general debility  
of the system.

Alibert justly observes that there are few  
disorders which depend upon such a variety  
of causes, or are so frequently connected with  
such different conditions of the general  
system as obstructed catamenia. Hence  
its remedies are so various; and hence too  
the great uncertainty of all our remediate  
measures in such cases. When the discharge  
has been long interrupted, particularly in  
persons previously healthy, hemorrhage will  
happen from other outlets - as the nose - the  
lungs - and sometimes a periodical dis-  
charge from the nipple, or on other  
situated in any part of the body, has

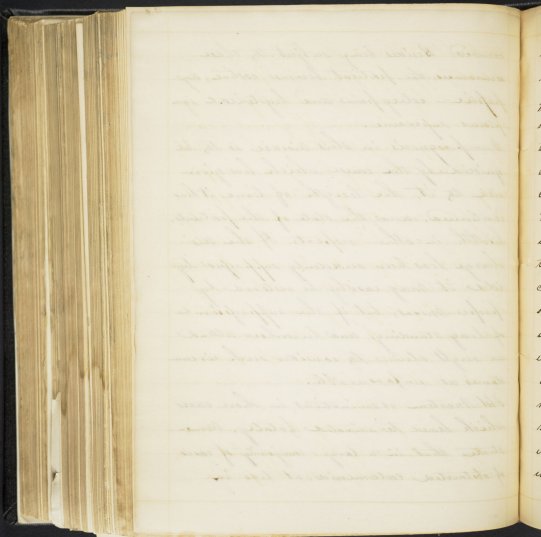




occurred. Besides being subject to these occurrences, the patient becomes constive, dyspeptic - colic pains and hysterical symptoms supervene.

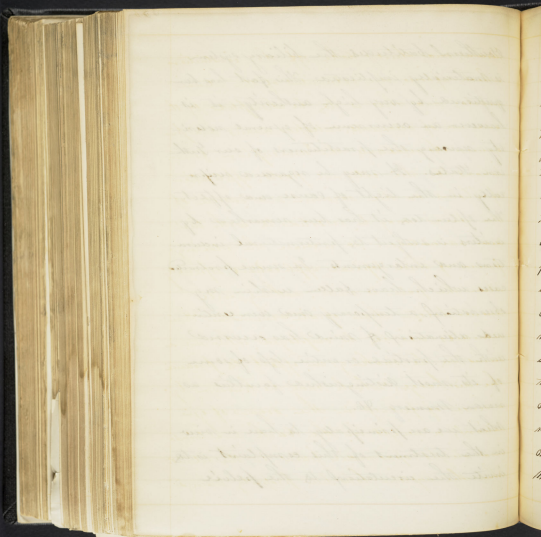
Our prognosis in this disease is to be guided by the cause which has given rise to it, the length of time it has continued, and the state of the patients health in other respects. If the discharge has been suddenly suppressed by cold it may easily be restored by proper means; but if the suppression be of long standing, and hemorrhoids attend we ought always to consider such circumstances as unfavourable.

Post mortem examinations in those cases which have terminated fatally, demonstrate that in a large majority of cases of obstructed catamenia, at least in



Southern latitudes, the biliary system  
 is materially implicated. This fact has been  
 questioned by very high authority - it is  
 however an occurrence of general notori-  
 ety among the practitioners of our South-  
 ern States. It may be regarded suffici-  
 ently in the light of cause and effect.  
 The spleen too, it has been remarked by  
 writers is subject to preternatural indica-  
 tions and enlargements. In several protracted  
 cases, which have fallen within my  
 observation, a temporary and even contin-  
 ued alienation of mind has occurred  
 with the partial or entire loss of some  
 of its most distinguished faculties as  
 reason memory &c.

What we are principally to have in view  
 in the treatment of this complaint, is to  
 invite the circulation to the pelvis

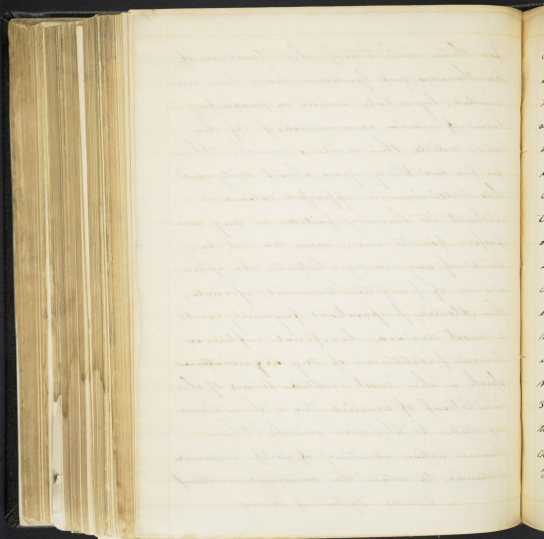


isera, and thereby take off the constriction  
 which affects the extremities of the uterine  
 vessels; and this is to be attempted by the  
 free use of relaxants, such as musciv and pu-  
 gatives. As relaxants - the semicupium, fomen-  
 tations to the external parts, application  
 of blisters on the sacrum, and inside of  
 the thigh, may be resorted to, with suc-  
 cess and advantage. To increase the relaxing  
 powers of these topical applications, especially  
 when the pain is severe, nothing will  
 answer better than opiate enemata. These  
 remedies are to be employed when nature  
 seems to be making an effort to procure  
 the discharge, "which may be known by  
 a sense of fullness in the organs of gene-  
 ration, a weight in the back and loins,  
 and slight spasmodic pains in the uterus."  
 When the system has been properly relaxed



for their exhibition. The Tinctures of  
 Cantharides, and Guaiacum, have been recom-  
 mended, by a late writer on Medicines, in  
 terms of warm commendation. Of the  
 latter article the writer's remarks - "I have  
 for five and thirty years almost daily used  
 this medicine in suppressed catamenia,  
 without its having failed in any case  
 proper for its use; more can not be  
 said of any remedy whatever. An affid-  
 avit use of purgative medicines, especially  
 the Aloetic preparations, frequently exerts  
 a most decided beneficial influence.  
 Several practitioners of my acquaintance  
 speak in the most exalted terms of the  
 exhibition of emetics. Two or three times  
 repeated Dr. Lechman remarks, I have  
 known action vomiting of itself in several  
 instances, to restore the menstrual secretion

\* Dever's System of Medicine





and still often prepare the way for the successful use of specific remedies.

In those cases of suppression, attended with a diseased liver, a mercurial ptyalism should be excited in the system. Women subject to this derangement, should carefully avoid all exposures to cold and wet, particularly in the feet. To conclude in all our attempts at restoration we should pay strict attention to the state of the system and to the diet of the patient, which should consist of light vegetable food. Without due regard to these precautions we may expect to meet with disappointment in our remedial measures.

5<sup>th</sup> and lastly Amenorrhoea Difficilis - when the discharge is small quantity and attended with pain &c.

This is by no means an uncommon case,



plaint in our climate, nor is it among the least excruciating. It is always connected with a derangement in the secretory surface of the uterus, in consequence of which it is unable to take on a perfect menstrual action. As in suppression of the menses, the application of cold causing the flow is the most common remote cause of this constitutional thing. Dr Deveree has known it to take place upon the consummation of marriage.

In many instances however the cause are so obscure as not to be cognizable. The married and the single are alike subject to it, and during every stage of the menstruating period.

The plan of treatment here is limited pretty much upon the same principles as that for suppression of the menses.



The indications are the same to relax  
 spasm, and repair the enfeebled energies  
 of the uterus. The best antispasmodics  
 are camphor and opium combined. Tinct.  
 Guaiac. and extract Bicuta, together with  
 warm bathing, both local and general.  
 and also the free use of opiates, which  
 should be employed as soon as the symp-  
 toms, which denote its approach are apparent.

### Pain

the nature of the soil is very  
fertile, and the crops are  
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